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Paid March 15<sup>th</sup>.

on,

Tracheitis

For the degree of

Doctor of Medicine,

By

Garick Waugh Junior,

of

Pennsylvania,

1825.

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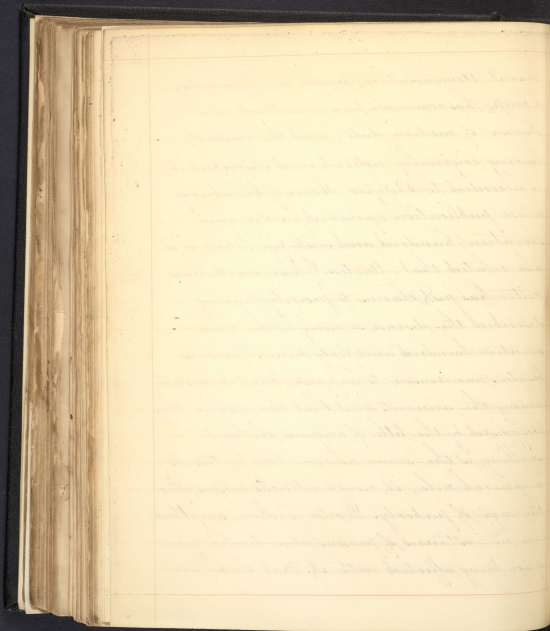
## Strachitis.

Among the many evils, which afflict the human race, there is none, which makes more unexpected attacks, upon the best feelings of our nature, or more suddenly shrouds the brightest anticipations of parental happiness, in gloom, than the disease, denominated Strachitis, as it frequently commences, without promontion, or perceptible symptoms, and passes rapidly from perfect health, to a state of mortal danger. It is for the most part confined to the early part of life, embracing the periods between the first and fifth year, and if not speedily relieved, terminates fatally, in a few hours. A variety of appellations have been given to this disease, which I shall pass over, as deserving little attention. The most familiar terms, are Croup, and Sibil, but, the most appropriate term, and the one most in accordance with the





present Nomenclature, would be Tracheitis.  
Croup, has commonly been considered, as a  
disease of modern date, and the credit of  
having originally noticed and described it,  
is accorded to Professor Home of Edinburgh,  
whose publication appeared in the year  
seventeen hundred and sixty five. But, it is  
also related that Martin Ghisi, an Italian  
writer has just claims to priority; having  
described the disease, so early as the year  
seventeen hundred and forty nine. There is  
besides some reason to suppose, that it existed  
among the ancients and that the disease they  
recognised by the title of, angina, without  
swelling, is the same, as our Tracheitis. As  
a general rule, it never attacks persons after  
the age of puberty. Doctor Hutton, says there  
are no instances of persons, above twelve years  
of age being affected with it. But there are



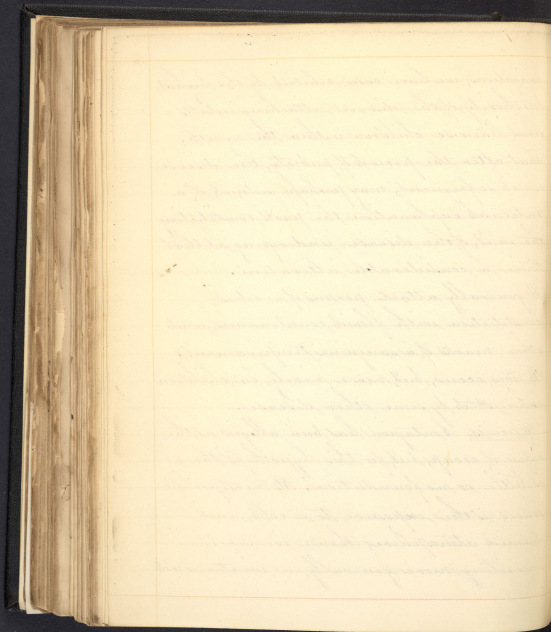
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exceptions; we have cases, related by the highest authority, of the disease, attacking adults and likewise children, within the month.

That after the period of puberty, the disease is not so frequent, may perhaps, admit of a rational explanation, the parts, constituting the seat, of the disease, undergoing, at that time, a considerable alteration.

It generally, attacks, persons of a robust constitution, with florid countenances, and other marks of a sanguine temperament.

It does occur, but more rarely, in children exhausted by some other disease.

Causis. Contagion has been alleged as the cause of croup, but for this hypothesis there is little, or no foundation. Its most prolific source is the exposure to a cold, and humid atmosphere, Hence we see it prevailing more generally, in winter, and

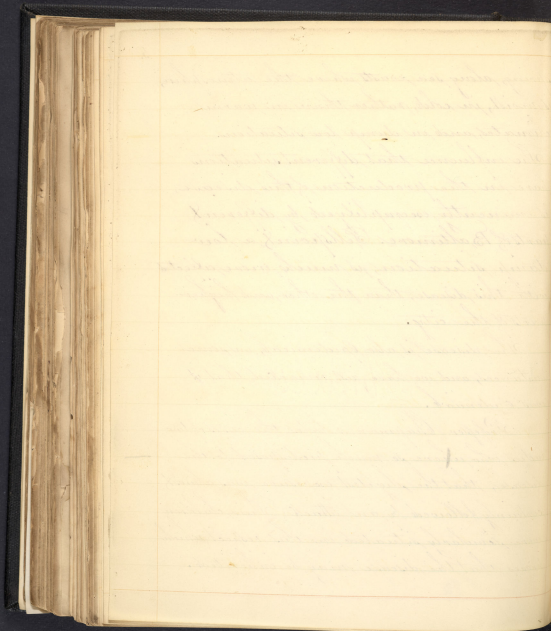


spring, along sea coasts where the atmosphere, is moist, in cold, rather than in warm climates, and in damp low situations.

The influence that different situations have, in the production of this disease, is eminently exemplified by different parts of Baltimore. Fells Point, a low damp situation, is much more affected with this disease, than the other, and higher parts of the city.

The disease is also epidemic, in some instances, and we have just remarked, that it was epidemic.

Professor Chapman, relates the cases of two ladies who were so much predisposed to the disease, that the slightest exposure was almost certainly followed by an attack; Their children were similarly situated in this respect, which proves that the disease may be inherited.

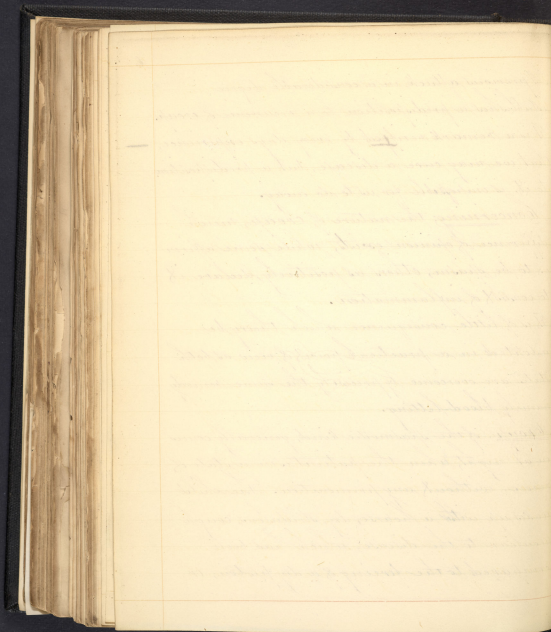


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A previous attack, in a considerable degree, has  
established a predisposition to a recurrence of croup.  
It is a remark verified by every days experience, —  
that we may cure a disease, but a predisposition  
to it, is impossible for us to do away.

Concerning the nature of croup, much  
difference of opinion exists, while some affirm  
it to be spasm, others as positively declare it  
to consist of inflammation.

It is of little consequence which theory be  
adopted in a practical point of view as both  
states are overcome by precisely the same remedy,  
namely blood-letting.

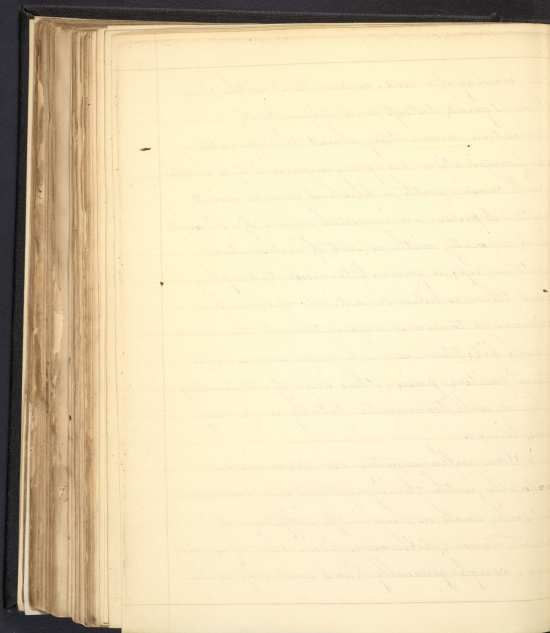
Croup, of the spasmodic kind, generally comes  
on at night, when the patient is in a state of  
repose, without any premonition. The child  
wakes up with a hoarse, dry, stridulous, cough  
peculiar to the disease, which has been  
compared to the forcing of a dry piston, or





the crowing of a cock, concomitant with this, there is great distress and difficulty of respiration, amounting almost to suffocation, each inspiration being accompanied by a harsh shrill noise, with a flushed face, a quick irritated pulse, an unusual degree of restlessness and anxiety, with a sort of indescribable wretchedness; a general tremour takes place, and there is likewise a kind of convulsive endeavour to renew respiration at the close of each fit; there is much more uneasiness than positive pain; this case if not speedily relieved, will terminate fatally in a very short time.

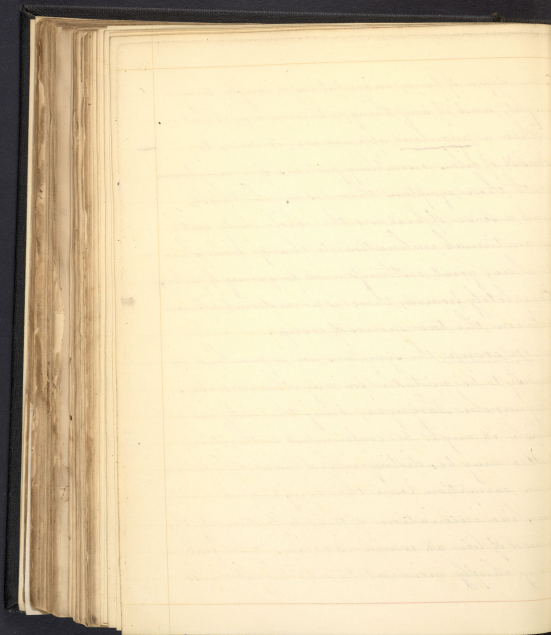
The inflammatory croup comes on gradually, with the symptoms of a common catarrh, such as heaviness, suffusion of countenance, disfluencies from the eyes and nose, cough generally hard and dry, with



some degree of fever, exacerbation of cough every night, and if any thing is thrown up it has either a purulent appearance, or seems to consist of films resembling portions of a membrane. With these symptoms there is much thirst, and a sense of heat over the whole body with a continual inclination to change from place to place, great restlessness, and frequency of pulse, completely formed; there is no material difference between the two species of croup.

In croup, the symptoms are so peculiar, as scarcely to be mistaken for any other disease.

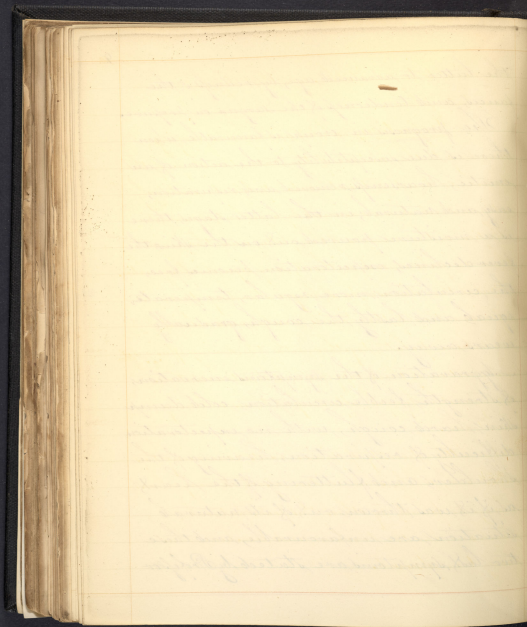
Cynanche Laryngea, being the only one which it might be confounded with; the latter may be distinguished from the former by an exemption from the cough, and peculiar intonation of that affection, by the period of life at which it occurs, the first being chiefly incident to childhood, whilst



the latter to advanced age, by redness of the fauces, and tenderness of the larynx on pressure.

The prognosis in croup is favourable, when there is due susceptibility to the action of an emetic, hoarseness removed, and respirations easy and natural; in the latter stages, there is a moisture poured out, on the skin the fever declines, expectoration becomes free, the circulation more regular, temperate, equal and lastly the cough gradually wears away.

Aggravation of the symptoms, enervation, & strength, feeble circulation, cold damp skin, hard cough, with no expectoration, difficulty of respirations, heaving of the shoulders, and fluttering of the heart as if it was thrown out of its natural situation, are unfavourable, and these two last symptoms are stated by Professor

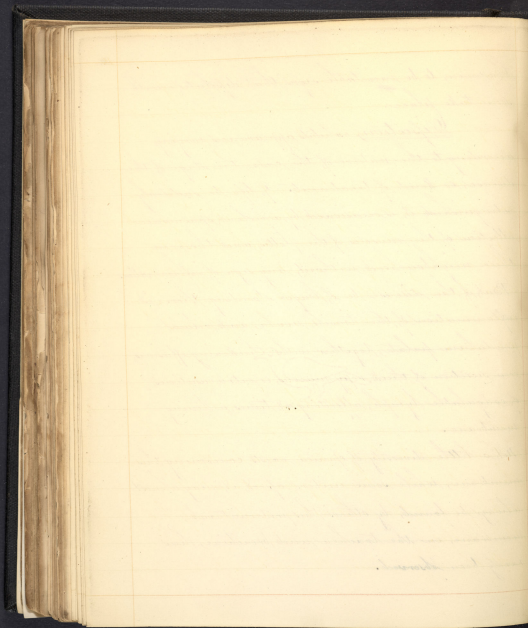


Chapman, to be inevitable sign, that dissolution will soon take place.

Dissection, exhibits appearances, varying according to the nature of the case, the stage of the disease, or kind of treatment. If life be suddenly extinguished it, is occasioned by a violent, spasmodic affection of the muscles of the glottis, and those in their neighbourhood, without any sign of inflammation.

But if the disease be of longer standing, there is inflammation of the tonsils, uvula, and velum pendulum palati, together with thickening of the mucous, or a secretion of thick,ropy, mucous, or extravasation of coagulable lymph, affording at times a lining membrane.

Not a little diversity of opinion exists, concerning this membrane, while some writers assert it may almost always be found, by others this preternatural membrane, in the trachea and bronchiae, has rarely been observed.





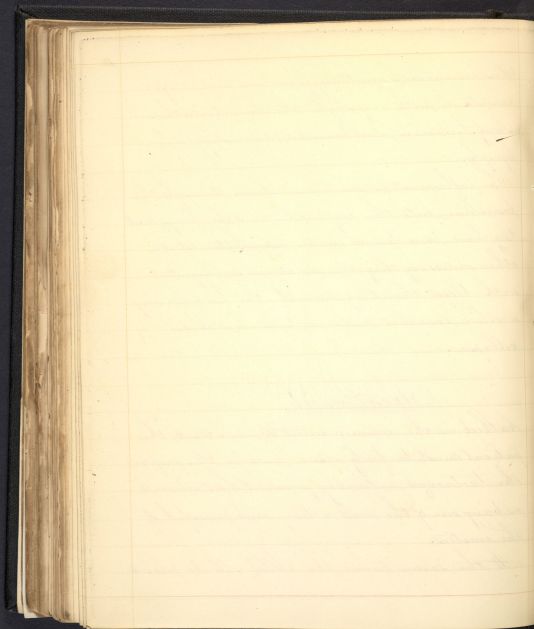
This membrane is sometimes yellow, and of a pulpy consistence, with very slight attachment, at others it is very tenacious, and formed of pure, coagulable lymph.

The inflammation sometimes extends through the bronchiae, into the very substance of the lungs, and they have been found in an apoplectic state, other writers say they are sometimes so congested with blood that they resemble the liver, forming a solid compact mass, which would not collapse.

### Treatment.

Called in the commencement of an attack, the patient must be freely puked, and for this purpose, the tartaric acid, antimony, given at short intervals, as being one of the most active and powerful of the emetics.

At the same time, the child is to be placed

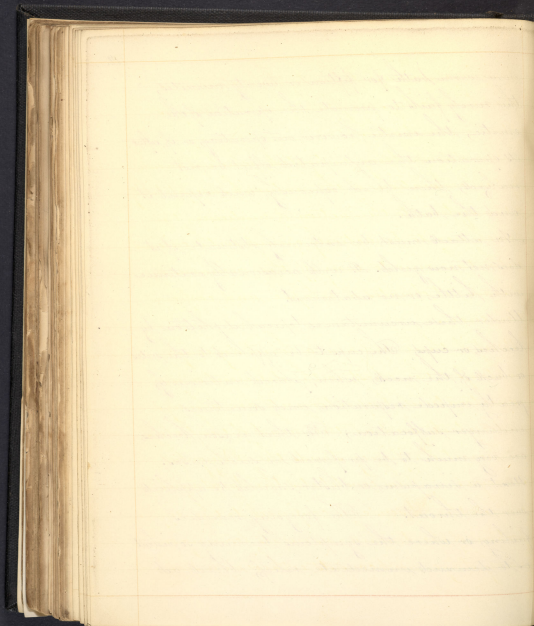


in a warm bath for fifteen or twenty minutes; this rarely fails to promote the operation of the emetic, the emetic however, not operating, or if, after its operation the anticipated effect be not realized, then bleed copiously, and repeat it and the bath.

An attack must be extremely obstinate if it does not now yield. It will occasionally continue with little or no abatement.

Under these circumstances, topical depletion, by leeches, or cups. The cups to be applied to the sides or back of the neck, when, placed anteriorly, greatly impede respiration, and sometimes endanger suffocation; For that reason, leeches are very much to be preferred in such cases.

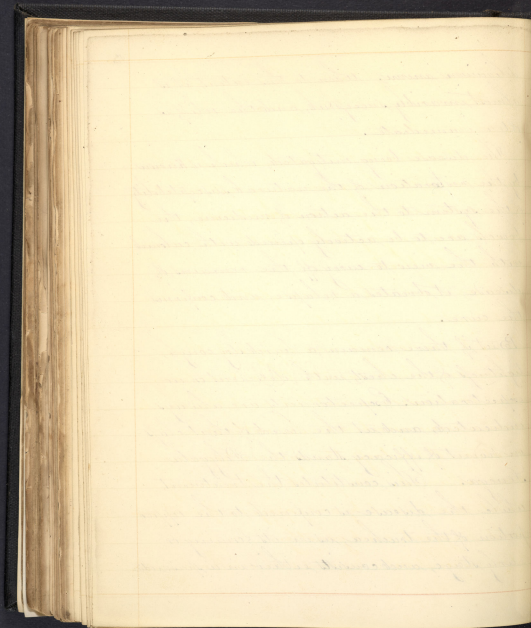
Next, a sinapism, or blister should be applied over the throat. The foregoing remedies failing, or where the symptoms becoming so violent as to demand immediate relief, bleed ad.



delirium, animi, when to this extent, it is almost invariably successful, and the relief is often immediate.

The disease being mitigated, which is known by the restoration of the natural susceptibility of the system to the action of medicine, the bowels are to be actively opened with calomel with the view to carry off the remains of disease, it obviates a relapse, and confirms the cure.

But if there remain a hard dry cough, tightness of the chest, with deficient or no expectoration. Expectorants are always indicated, and at the head of that class in point of efficacy stands the *Polygala Senega*. This constitutes the treatment, while the disease is confined to the upper portion of the trachea, as in its forming or early stage, and consists either in a spasmotic

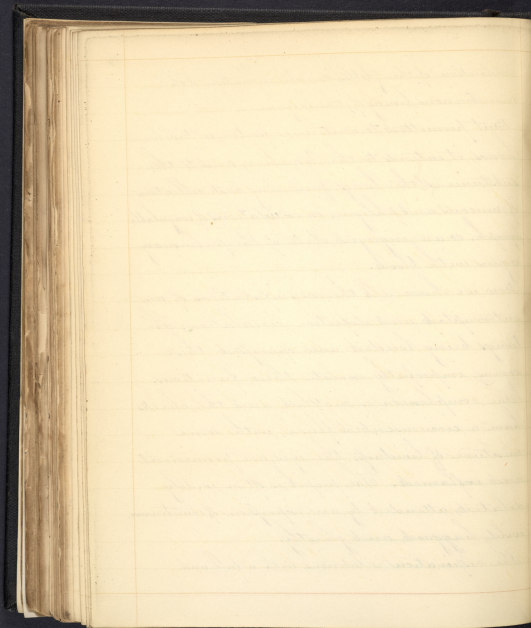


contraction of the Glottis, or inflammation of the membranous lining of the larynx.

But permitted to continue for ten, or twelve hours, it extends to the bronchiae, and to the substance of the lungs, producing vast collections of mucus and phlegm, or exudations of coagulable lymph, or an engorged state of the pulmonary organs with blood.

Now we have all the manifestations of an interrupted and defective circulation; the lungs being loaded and oppressed, these organs imperfectly execute their functions. The complexion is mottled, and the cheeks have a circumscribed flush, with some mixture of lividness; the eyes are prominent and inflamed. The pupil is often widely dilated, attended by an expression of countenance wild, haggard, and ghastly.

The respiration is laborious, with a full and



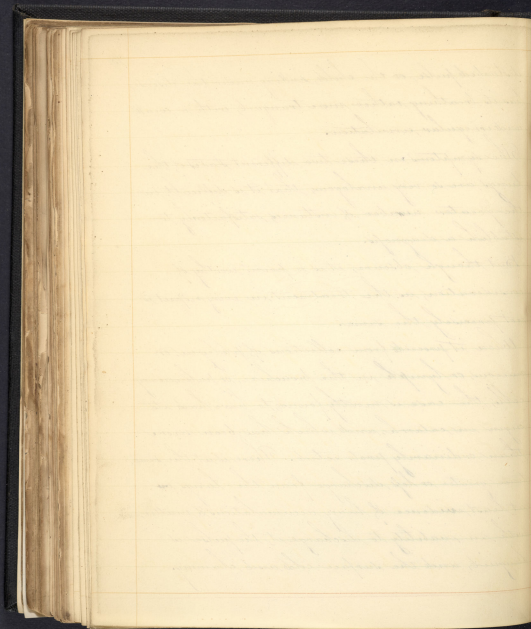


disturbed pulse, or the child, sinking under the disease, has its breathing rather more tranquil, with a weak and irregular circulation.

The symptoms in these two different states of the lungs, are so very analogous, that it is difficult, in the greater number of instances, satisfactorily to establish a diagnosis.

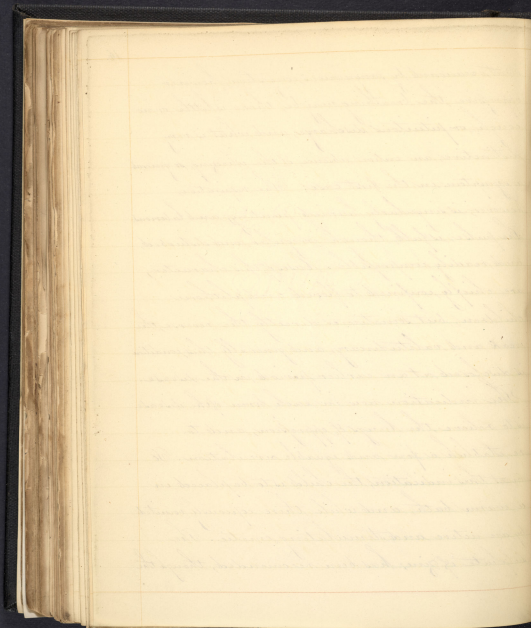
But though obscure, it is a point worthy of consideration, as the treatment in every respect is not precisely the same.

When it proceeds from collections of phlegm, or mucus, or lymph in the bronchiae, or pulmonary cells, the case is mostly found to have had its origin in catarrh, and which has been more than ordinarily protracted. There is, at the same time, greater or less discharge from the lungs, or at least evidence of heavy accumulations of matter, with an inability to discharge it, the pulse is languid, and the surface cold, and clammy.



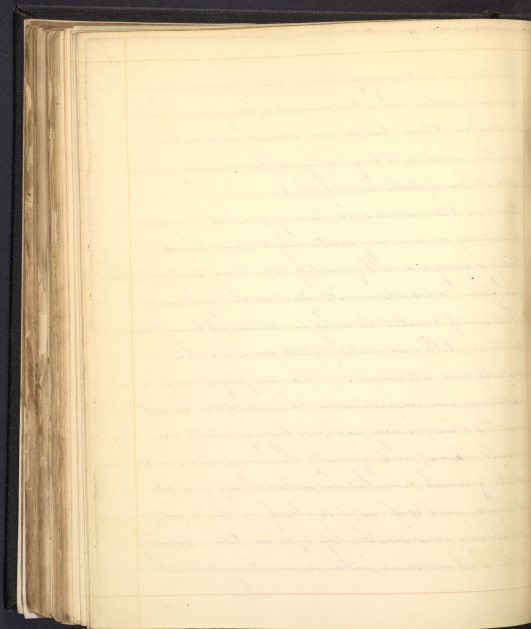
But, occasioned by sanguineous congestion, however  
 oppressive, the breathing may be, there is little, or no  
 cough, or pituitous discharge, and, what is very  
 distinctive, an entire absence of the wheezing, a general  
 symptom in the first case; The respiration  
 however, is singularly hurried, panting, and laborious.  
 The pulse, is full, though irregular, and disturbed,  
 and readily compressible. Cases of this character,  
 are chiefly confined to florid and plethoric  
 children, but sometimes directly the reverse, the  
 weak and valetudinary, and generally this condition  
 is disclosed at an earlier period, in the disease.

The indication now, in each form of the disease,  
 is to relieve the lungs of oppression, and to  
 re-establish a free and equable circulation. To  
 meet this indication, the child is to be placed in  
 a warm bath, and, while there copiously vomited  
 by an active and stimulating emetic. The  
 sulphate of zinc, has been recommended, though the



Parturied, antimony, &c. Calomel, &c. Squacuanha, &c.  
 in combination. Or a teaspoonfull of the juice of garlic,  
 or Onion, these latter are certain and active  
 emetics, and will frequently, excite vomiting when  
 all other articles have failed.

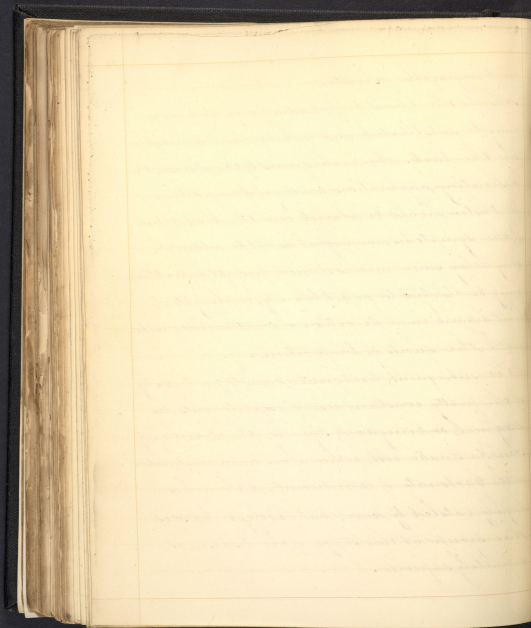
But in the second case, having pursued the same  
 measures, we are very cautious to draw blood  
 taking away a small quantity at a time, suppress  
 the flow, and observe its effect on the system, if  
 it prove of benefit, it may be renewed from time  
 to time, till our anticipated views in this  
 respect, are attained. The necessity of such  
 extreme circumspection, in the use of the lancet  
 in this case, is very explicit. Engorgement of the  
 great vessels, and especially the lungs, takes out  
 of the general circulation, such a large quantity  
 of blood, and confines it so closely in the parts,  
 that any considerable loss by venesection, is sensibly  
 felt, and in some instances, creating, prompt



and irreparable exhaustion.

Should the lance be forbidden, cups or leeches may be substituted, and will be most serviceable on the back. In each species of the disease, the vesicating applications are of great importance, a blister should be placed over the breast, but if the symptoms are urgent as not to admit of any delay, some means of more prompt vesication may be resorted to, as hot brandy, or pledgets of lint dipped in a decoction of cantharides, made with the spirits of turpentine.

The subsequent treatment consists principally of the pretty constant use of expectorants, as ozymel, or vinegar of squills, the decoction of Seneka Snake root, either alone, or in combination with carbonate of ammonia, balneum is highly extolled by some, but Professor Coxe's, Hive syrup at this stage of the disease, is infinitely superior.



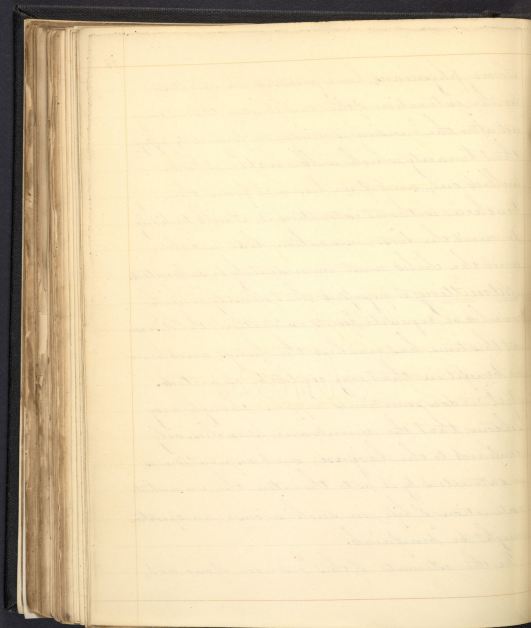


Some physicians have proposed, an operation for the extraction of the membranes, that it may not after the incision is made, be found to possess that tenacity which will enable it to be pulled out, and if we loosen it from the trachea, without extracting it, it will be likely to meet the first inspiration like a valve, and the child must immediately be suffocated.

Admitting, it possessed that density which would be requisite for its extraction, the disease at this time has reached the lungs, and hence no benefit in that way, could be expected.

Yet it does sometimes happen, though very seldom, that the membrane is exclusively confined to the larynx, and respiration is so obstructed by it, as to threaten the immediate extinction of life, in such a case an operation might be beneficial.

In the estimate of this resource of our art,



we ought, moreover, not to overlook the striking effect in many cases, from the expulsion of the membrane by vomiting, coughing or sneezing.

Yet it is deemed a very, desperate, and precarious expedient, to be held in reserve, only for the extremest emergencies, and when common measures have altogether failed.

Twiss conclude, by saying, that the means of preventing an attack of the disease, are still more obvious, than the plan of cure, and the object, is, in most instances, attainable,

